

# WISCONSIN WELL WOMAN PROGRAM PROCEDURE CODE QUICK REFERENCE

Effective 04/01/2005 - 03/31/2006

<p><b><u>PREVENTIVE MEDICINE OV</u></b></p> <p>Use these codes for health history and evaluation of risk profile for depression, domestic violence, hypertension, cardiovascular disease, diabetes, osteoporosis, and comprehensive exams including Pap and annual CBE. <b>One</b> visit per <b>client per provider per year</b>. If client sees <b>GYN</b> provider for Pap-Pelvic-CBE then may be referred for <b>2<sup>nd</sup></b> Preventive office visit for remaining screenings.</p> <table><tr><td><u>INITIAL</u></td><td><u>Ages</u></td><td><u>ESTAB.</u></td></tr><tr><td>99385</td><td>35 - 39</td><td>99395</td></tr><tr><td>99386</td><td>40 - 64</td><td>99396</td></tr><tr><td>99387</td><td>65 - Over</td><td>99397</td></tr></table>	<u>INITIAL</u>	<u>Ages</u>	<u>ESTAB.</u>	99385	35 - 39	99395	99386	40 - 64	99396	99387	65 - Over	99397	<p><b><u>DEPRESSION</u></b></p> <p>Assess as part of the Preventive Medicine evaluation. (See Preventive Medicine office visit above) Code listed to be used when initial assessment determines need for referral. 90801 - Psychiatric Diagnostic Consult</p> <p><b><u>DOMESTIC ABUSE</u></b></p> <p>Assess as part of the Preventive Medicine Evaluation. (See Preventive Medicine Office Visit above.)</p> <p><b><u>DIABETES</u></b></p> <p>36415 – Venipuncture 82947 - FBG or Random Sample 82950 - <b>OGT</b> (change to be consistent w/ WI DM Care Guideline 2004)</p> <p><b><u>CARDIOVASCULAR RISK: DYSLIPIDEMIA and HYPERTENSION</u></b></p> <p>36415 – Venipuncture 80061 - Lipid Panel (TC/LDL/HDL/TTGS) 99211 - Blood Pressure recheck</p> <p><b><u>OSTEOPOROSIS</u></b></p> <p>Assess risk as part of the Preventive Medicine Evaluation. (See Preventive Medicine office visit codes above left)</p> <p><b><u>ANESTHESIA</u></b></p> <p>Use CPT code + modifier: <b>00400, 19100, 19101, 19102, 19103, 19120, 19125, 19126, 19290, or 19295</b> Modifier: AA, QZ, QK, QY, QX</p>
<u>INITIAL</u>	<u>Ages</u>	<u>ESTAB.</u>											
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<p><b><u>EVALUATION AND MANAGEMENT</u></b></p> <table><tr><td><u>INITIAL</u></td><td><u>ESTAB.</u></td></tr><tr><td>99201 - 10 Min.</td><td>99211 - 5 Min.</td></tr><tr><td>99202 - 20 Min.</td><td>99212 - 10 Min.</td></tr><tr><td>99203 - 30 Min.</td><td>99213 - 15 Min.</td></tr></table>	<u>INITIAL</u>	<u>ESTAB.</u>	99201 - 10 Min.	99211 - 5 Min.	99202 - 20 Min.	99212 - 10 Min.	99203 - 30 Min.	99213 - 15 Min.					
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<p><b><u>CONSULTATION OV</u></b></p> <p>Consultation OV can be used to determine further <b>breast</b> diagnostic studies only. (no other consultation visits are covered under the WWWP)</p> <p>99241 - 15 Min. 99242 - 30 Min. 99243 - 40 Min.</p>													
<p><b><u>ALLOWABLE BREAST SCREENING AND DIAGNOSTICS</u></b></p>													
<p>76092 - Screening Mammogram <b>*76090</b> – Diagnostic Mammogram (Unilateral) <b>*76091</b> – Diagnostic Mammogram (Bilateral) <b>76095</b> – Stereotactic localization each lesion <b>76096</b> – Mammogram guidance for needle placement, breast <b>76098</b> – Radiological Exam Surgical Specimen <b>*76645</b> - Breast Ultrasound, unilateral and/or bilateral <b>76942</b> – Ultrasound guidance for needle biopsy</p>	<p>19000 - Puncture Aspiration of Breast Cyst surgical only <b>19001</b> - Puncture Aspiration of Cyst, each additional lesion <b>19100</b> - Breast Biopsy, percutaneous surgical only <b>19101</b> - Biopsy of Breast Open Incisional <b>19102</b> - Percutaneous, Needle Core, Using imaging guidance <b>19103</b> - Percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance 19120 - Excision of Cyst, Fibroadenoma, etc. <b>19125</b> - Excision of Breast Lesion identified by preop placement of radiological marker – open single lesion <b>19126</b> - Excision of Breast Lesion, identified by preop placement of radiological marker-each additional lesion 19290 - Preop placement of needle localization <b>19291</b> - Each additional lesion <b>19295</b> - Image guided placement metallic localization clip <b>10021</b> - Fine Needle Aspiration ( FNA), without guidance <b>10022</b> - FNA, with guidance <b>99070</b> - Supplies and materials provided by physician over and above those usually included with the office visit or other services rendered (list)</p>												
<p><b><u>BREAST LAB</u></b></p> <p><b>88172</b> - Evaluation of FNA <b>88173</b> – Interpretation and Report of FNA <b>88305</b> - Surgical Pathology, breast <b>88307</b> – Breast excision lesion – requiring microscope evaluation <b>88331</b> - First tissue block, with frozen section(s) single specimen <b>88332</b> - Each additional tissue block with frozen section</p>	<p><b><u>CERVICAL CANCER SCREENING</u></b></p> <p>88164, p3000 - Pap Test (Routine Screening) Bethesda System 88141, p3001 - Pap Test/Diagnostic (Interpretation by Physician) 88142 - Thin Prep (<b>reimbursed @ conventional Pap rate</b>) 87621 - HPV Hybrid II Capture from Digene - HPV test High Risk Only 57452 - Colposcopy w/o Biopsy 57454 - Colposcopy with Biopsy and/or Endocervical Curettage 57455 - Colposcopy with Biopsy(s) of Cervix 57456 - Colposcopy with Endocervical Curettage 57505 - Endocervical Curettage (not done as d &amp; c) <b>88305</b> - Surgical Pathology Colposcopy <b>99070</b> – Supplies, materials (explanation under same CPT, breast)</p>												

**Procedures not listed are not covered by WWWP.** Providers need to discuss any uncovered services with clients before providing them.

**Bolded CPT codes are eligible for billing as multiple units ( codes with \* by exception only).** The WWWP "Provider Billing Information" is being updated and will be shared when finalized.